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FRED SHANE, M.D., F.R.C.P.(C)
[Contact details redacted for public archive]

January 2008
CURRICULUM VITAE

1965
– Medical degree: University of Manitoba
1965–66
– Internship: St. Boniface Hospital
1966–67
– Residency: Pediatrics, Winnipeg Children's Hospital
1967–70
– Psychiatric Residency: Department of Psychiatry, University of Manitoba
included 1 year at Selkirk Mental Hospital
1 year at Child Guidance Clinic
1 year at Winnipeg Health Sciences Centre
1970
– Fellowship: Psychiatry
1970
– Appointment: Assistant Professor, University of Manitoba
Department of Psychiatry
1970
– Part time private practice
1971–76
– Chief Consultant: Consultation Service
1976
– Associate Professor: Department of Psychiatry
1976
– Appointment: Consultant to Dialysis and Renal Service,
Health Sciences Centre
1977–78
– Psychiatric Consultant: Family Practice Unit, St. Boniface Hospital
1978–79
– Psychiatric Consultant: Child Guidance Clinic of Winnipeg
1979
– Consultant: Outpatient Unit, Health Sciences Centre,
Department of Psychiatry
1979
– Appointment: Board of Review of Manitoba per Manitoba Cabinet

1979
– Board of Directors and Medical Consultant:
Shalom Home for Mentally Retarded

FRED SHANE, M.D., F.R.C.P.(C)
[Contact details redacted for public archive]

1981
– Manitoba Representative: Canadian Psychiatric Association
Council of Practice and Standards

1982–83
– President: Manitoba Psychiatric Association

1983
– Executive: Manitoba Psychiatric Association

1983
– Appointment: Medical Director, Day Treatment Program
Health Sciences Centre, Department of Psychiatry

1984–89
– Admissions Committee: Manitoba Medical School

1990
– President: Manitoba Psychotherapy Section

1995
– Appointment: Psychiatric Consultant to Manitoba Superannuation Board

1995
– Appointment: Municipal Employees Benefit Board

1976–2007
– Annual reappointment: Associate Professor of Psychiatry
University of Manitoba

Past and Present Professional Memberships

Canadian Psychiatric Association
Canadian Medical Association
Canadian Psychiatric Association (Forensic Section)
Manitoba Medical Association
Manitoba Psychiatric Association
Manitoba Psychotherapy Association
Manitoba Psychoanalytic Group
Manitoba Independent Physicians Association

American Academy of Psychiatry and the Law
American Society Clinical Hypnosis
American Joggers Association
Israeli Medical Association
Physicians for Social Responsibility

FRED SHANE, M.D., F.R.C.P.(C)
[Contact details redacted for public archive]

Forensic Experience

1. Numerous appearances as expert witness in Queen's Bench and Family Court – Canada and United States
2. Consultant to National Parole Board
3. Member, Board of Review of Manitoba
4. Ongoing part time private practice in Forensic Psychiatry
5. Consultant for Manitoba Legal Aid on psychological issues of double bunking in prisons

Publications

1. **Plastic Surgery and Psychic Effects**
   World Journal of Psychiatry – 1976
   Shane and Adamson
2. **Abortion – Psychological Aspects**
   Canadian Psychiatric Nursing Journal – 1976
3. **Memories of a Boston Afternoon**
   Canadian Doctor – 1981
4. **Health Benefits as Predictors of Success of Alternate Modalities of Smoking Cessation**
   Results of a Controlled Trial – Joseph M. Kaufert, Simon W. Rabkin, John Syrotuik, Evelyn Boyko and Fred Shane
   Journal of Behavioral Medicine – 1986

6. **A Randomized Clinical Trial Comparing Cessation Programs Utilizing Behaviour Modification, Health Education or Hypnosis** –
   S. Rabkin, M.D. and F. Shane, M.D.
   From Department of Psychiatry, University of Manitoba and Department of Medicine, University of British Columbia
   Journal of Behavioral Medicine – 1986

FRED SHANE, M.D., F.R.C.P.(C)
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7. **Canadian Psychiatric Association**
   – Confidentiality and Dangerousness – 1986

8. **Psychological Perspective on the Battered Spouse Syndrome**
   Crown Counsel's Review – December 1987

9. **Compu-Consults** – author of software programs on Depression, Dangerousness, Sleep Disorders and Elder Abuse – 2001–2004

10. Columnist for the *Winnipeg Sun* featuring psychiatric themes – 2005

11. Columnist for the *Toronto Globe and Mail* (guest contributor)

12. Columnist for the *Toronto Star* (guest contributor)

Experience in "Battered Woman Syndrome"

1. Consultant to the Government of Canada Self-Defense Review – 1997

2. Admitted as an expert witness on "Battered Woman Syndrome" in Manitoba, Ontario and the Northwest Territories

3. Guest lecturer at the Quebec Bar Association in 1992, and at various workshops in Manitoba and the Northwest Territories, on "Battered Woman Syndrome" and "Family Violence"

4. Guest lecturer at the Manitoba Law School on "Battered Woman Syndrome" – 1991

5. Actively involved in ongoing forensic evaluations and treatment of battered women in private practice

6. Publication of *Psychological Aspects of the "Battered Woman Syndrome"* in the *Manitoba Law Journal* – 1987

7. Media appearance on an American satellite television in 2005 regarding Battered Woman Syndrome

April 20, 2008

Mr. Norman Boudreau L.L.B.
[Contact details redacted for public archive]

Re: Ms. B [name redacted for public archive] [last name redacted for public archive]

Dear Mr. Boudreau,

In order to offer you this opinion I evaluated Ms. P [last name redacted for public archive] on the following dates, April 11, April 12, April 15 and April 18, 2008.
I also had the opportunity to review the documentation that was made available to me through you and through Ms. P [last name redacted for public archive]. Specifically I reviewed:

1. the medical reports
2. the photographs of the injuries she suffered on June 30, 2005
3. the WCB files which includes records of the injuries suffered by Ms. P [last name redacted for public archive] on February 2006
4. assessments by Dr. Rowan and Dr. Etkin in which they diagnosed Ms. P [last name redacted for public archive] with Post Traumatic Stress Syndrome
5. the copy of the Notice of Application
6. a draft copy of the Post Statement of claim

It is my understanding from your communication to me on April 10, 2008 that you are requesting my opinion on the following issues:

1. Does Ms. P [last name redacted for public archive] suffer from Post Traumatic Stress Syndrome?
2. Does Ms. P [last name redacted for public archive] suffer from Battered Woman Syndrome?
3. In my opinion did her condition prevent her from instructing her solicitor to file the claim until February 28, 2008?
4. Is it in your opinion that because of the medical condition it was not until February 28, 2008 that she first knew or knew all the circumstances of the case, ought to have known raw material facts of a decisive nature upon which the action is based?

I have also spoken to a number of individuals for purposes of collateral information in this matter. Their comments will be documented subsequently in this report.

Competence to Instruct Counsel
After evaluating this matter extensively, it is my opinion that from a psychological perspective, it was not until after February 28, 2008 that Ms. P [last name redacted for public archive] was able to instruct her counsel in a competent manner. The issues of her assaults, based upon what she has told me and the information available to me related to the traumatic relationship in which

she was involved, impaired her psychologically in terms of dealing with this issue in terms of instructing her counsel to pursue a lawsuit.

It is my opinion that, based upon the information available to me within the context of my clinical evaluation and the documentation that I reviewed, Ms. P [last name redacted for public archive] has been a victim of the **Battered Woman Syndrome**. She is also suffering from symptoms of the **Post Traumatic Stress Disorder**.

I should indicate I have had extensive experience in this area in terms of offering expert testimony regards the Battered Woman Syndrome. The criminal code provides the plea of self defense and I have testified within this context over the years and in different jurisdictions. My work has been cited by the Supreme Court of Canada.

The **Battered Woman Syndrome** fundamentally describes a pattern of psychological responses to women's experiences who have lived in abusive relationships with men. The psychiatrist who originally addressed this syndrome, Dr. Lenore Walker, described four general characteristics of the syndrome:

1. the woman believes the violence was her fault
2. the woman has an inability to place responsibility for the violence elsewhere
3. the woman fears for her life and for her children's lives
4. the woman has an irrational belief that the abuser is omnipresent and omniscient

The **Battered Woman Syndrome** also describes the type of psychological patterns that characterize this syndrome. The patterns often have a cyclic quality about them:

1. the tension building phase
2. the explosive or battering incident
3. subsequent honeymoon or calming phase

For the women who remain in these abusive relationships they experience a profound traumatic impact upon their psychological functioning. In particular the women often develop symptoms characterized by depression, anxiety and a proclivity to remove themselves from social interactions. They may begin to entertain suicidal ideation. They begin to view the abuser as controlling, powerful and omniscient. They begin to feel worthless, perplexed and victimized. They also begin to develop over a period of time a sense of being trapped in a manner which they feel is irreversible.

In particular the term **Learned Helplessness** has been used to describe the state of mind of the victim. By this it is meant that regardless of the obvious avenues of escape to family or friends or to other venues of safety, these individuals feel the chance of success do not exist because the perpetrator will find them if they leave and will ultimately harm them and people they care about. The police are often contacted and become involved in these matters.

The psychiatric diagnostic literature has also characterized these individuals as suffering from **Post Traumatic Stress Disorder** in which they experience ongoing flashbacks, intrusive thoughts, nightmares and other symptoms related to the trauma. For individuals who stay in these relationships in a protracted manner, they may begin to experience fantasies of violence and even homicidal thoughts in order to terminate the violence. Some women do leave these relationships but usually once a point of no return is reached, the likelihood of women leaving is quite tentative.

Intrinsic to the Battered Woman Syndrome as indicated is a psychiatric disorder referred to as the **Post Traumatic Stress Disorder**. It is an accepted medical condition and fundamentally it is characterized by a person's experiencing or being a subject of events that involve actual or threatened death or serious injury or a threat to the physical integrity of self or others as defined by the American Psychiatric Association diagnostic criteria. The person's response is characterized by a myriad of symptoms including intense fear, helplessness or horror. In particular there may be recurrent and intrusive distressing recollections of the event including images, thoughts or perceptions as well as recurring distressing dreams of the trauma. There may be conscious feelings or acting of the traumatic event and dissociative flashback experiences. This response typically goes on for years in varying degrees of intensity.

In order to offer you this opinion, I conducted a comprehensive psychiatric evaluation of Ms. P [last name redacted for public archive] within the context of the documentation available to me. After evaluating her over many hours, it is my opinion that she is a woman who, from a psychiatric perspective, would be characterized as a **victim of the Battered Woman Syndrome**. As well she suffered many symptoms and continues to do so of the **Post Traumatic Stress Disorder**. The impact of the trauma which she experienced over a number of years in terms of her relationship with Mr. R [last name redacted for public archive] continues to plague her in terms of the quality of her functioning. She had been off work for a number of years since the assault in June 2005 as she was unable to function occupationally. It is only recently she has begun to work again.

It is of note that she has had some involvement in terms of psychotherapy from a psychologist in Winnipeg. I will address this later.

Like many women who have been victimized by the experience of a relationship with an abusive violent male, she suffered through the classical process that characterizes this syndrome. Like many women there becomes a juncture where they become immersed in a framework of helplessness. The trauma has been so profound that they simply do not see an avenue in terms of successfully extricating themselves from the abuse. Ultimately a significant event has to occur such as interference by the authorities as has happened in this case where there has been a charge of assault or a catastrophic event such as a homicide or a death of one of the individuals through suicide.

General Nature of the Relationship

Ms. P [last name redacted for public archive] stayed in this relationship most likely because on one level, at least at the beginning, she has feelings of a romantic nature. In spite of the recurrent psychological and physical trauma she remained in the relationship which went through many cycles of psychological and physical abuse following periods of reconciliation. Typically battered women have this sense of tomorrow and that the abuse will stop. The batterer often expresses remorse for the abuse and telling the victim he will reform and attend anger management groups or seek some form of psychological help as called. In this case Mr. R [name redacted for public archive] . Tragically after a certain point even if the abuse stopped, and in this case it would appear the police were often involved, she continued to have many problems in terms of the authorities reacting with her situation. I will document this further in this report. Ms. P [last name redacted for public archive] reached a point where it was apparent that she became depressed, suicidal and even entertained homicidal thoughts on a few occasions. As mentioned, she experienced significant symptoms of Post Traumatic Stress Disorder in terms of flashbacks, nightmares, intrusive thinking of the trauma and struggles in terms of her functioning. She withdrew socially and hid the humiliation from her family as she was ashamed. Ultimately the family became aware of the violence.

She also reached a point of powerlessness from a psychological perspective in the sense that she felt trapped by this man and could not extricate herself from him in a successful manner in spite of the severe ongoing trauma.

There were also very overt threats on his part based upon what she has told me and the documentation available to me. He had threatened to kill her mother and that she was deeply disturbing for her and these threats tended to imprison her emotionally and disenfranchise her in a psychological fashion.

Psychosocial History

Ms. P [last name redacted for public archive] was born and raised in Winnipeg. She never met her biological father until she was twenty-five years of age. She has had years of involvement with him over the years. She was raised by her grandparents and subsequently returned to live with her mother and step-father. Mr. Pe [last name redacted for public archive] , apparently her step-father, Mr. Pe [last name redacted for public archive] , apparently died six years ago of cancer. She has very traumatic memories of the relationship with him. She has memories of being emotionally and physically abusive in terms of this relationship with her and her mother. There are several half siblings in Winnipeg. She obtained a partial high school education and returned later in life to obtain a GED.

She has explicit memories of having been kicked in the stomach amongst other physical assaults by her step-father over the years. She also said her mother abused alcohol in her relationship with her mother over the years until her mother apparently died approximately a month ago. Ms. P [last name redacted for public archive] lives on her own. She has a close relationship with her siblings except for one sister. She ran away from home when she was twelve years of age and subsequently moved out at age fifteen to live with her girlfriend. She worked in various

service jobs to financially sustain herself. She became involved with her husband who was approximately twelve or thirteen years older than she. She was seventeen and married at nineteen, approximately twelve or thirteen years older than she. She lasted for approximately four years. She claimed he began to show his true colors and the relationship broke down. He was not physically or emotionally abusive but she did not trust him and ultimately wanted out of the relationship.

Over the years she has taken some university courses and worked at Pal Plastics doing an assembly job and subsequently worked for the better part of fourteen years at the Winnipeg School Division #1. Initially she was a custodian and then for some years following an injury became a teaching assistant and is now doing administrative work. Previous to meeting Mr. R [last name redacted for public archive] it would appear she was functioning in quite a stable manner.

It is of note that she has had psychotherapeutic involvement with a psychologist, Ms. Schwartzman, for a period of time and I will allude to this during the process of this presentation. She has never been treated by a psychiatrist. She has had several gynecological procedures including removal of her right ovary in January 2005 and she left ovary in 2006. She also has a history of Endometriosis and uterine bleeding which has been treated.

Details of the Relationship with Mr. R [name redacted for public archive]

She met Mr. R [last name redacted for public archive] in 2003. It is of note that Ms. P [last name redacted for public archive] 's recollection for events and dates is quite vivid. This may very well be the fact that she has had to deal with these issues and document them on an ongoing basis. It is apparent from a cognitive perspective, she is a fairly intelligent woman with an excellent capacity for recollection.

She was attracted to him for many reasons. He was at least twenty years older than her. At first he was amusing, intelligent and engaging. She felt comfortable with him. She did not know much about his previous relationships and subsequently she learned he had had previous criminal convictions involving assaultive behaviour towards women. Sexual intimacy was not a major part of their relationship as he had problems in terms of sexual functioning and she was having gynecological problems.

Her first recollection of being physically abused occurred in 2003 when she was jolted awake from sleeping and punched her in the face she related. He denied this by telling her that she was dreaming. She told him to get out. He persisted and told her this was totally unrealistic although she noted that her face was red. Regarding this she recalled that they reconciled and it was Christmas eve some months later when he again attacked her while she was lying in bed and holding the mattress up around her waist while he was laughing at the time. Again she told him to get out and called 911 and where she was laughing all the time. The next day she called her ex-husband Ri [name redacted for public archive] and told him that she is recounting of this.

wanted him to have her son Child [name redacted for public archive] to move in with him. He agreed. At this point her feelings about Mr. R [last name redacted for public archive] were that she should be out of her life and perhaps a significant turning point in that she again, when he called, pleaded with him to come back. He said he was sorry and that he was doing something wrong with him and he could not tolerate her terminating their relationship.

This type of scenario is typical of individuals who are beginning to become immersed as victims of Battered Woman Syndrome in that there is a battered cycle followed by a sense of forgiveness and reconciliation. When this happens individuals reconnect may be related to, especially in her case, perhaps a sense of hope, a sense of forgiveness, but perhaps more intrinsically in her nature was feeling that she really valued herself enough to be treated in this manner. There may also be repetition of earlier experiences. As indicated she had been abused in her early life and this repetition likely had an impact upon her psychological functioning and internal view of herself. There are also other factors which I have mentioned earlier such as the evolution of a sense of helplessness, blaming oneself and imbuing the abuser with the power to control.

The relationship seemed to settle down and in February 2004 she had a hysterectomy. He was extremely solicitous towards her after her surgery. A number of months after that they went to spend time at a friend's cabin. She recalls he went nuts on her and began to scream and throw bottles at her. She grabbed her purse and ran after he pulled over the car through the snow. A car pulled over and offered her a ride. She followed him to her home. She called the police. It appeared Mr. R [last name redacted for public archive] returned and talked to the police. Nothing came out of that incident in terms of his being charged.

The relationship broke down for the better part of six weeks he said. He called back expressing remorse and was so sorry. At that point she was already expressing concern about the process of being victimized and her judgement of what was in her best interest was eroded at that time. She went to his home. He had lost weight. He was not eating. He was begging her forgiveness and told her he loved her and he felt remorse about his behaviour. She forgave him and they began to see each other again. She also began to enter into a financial arrangement with him, helping him out with his business and giving him a substantial amount of funds.

The relationship reconnected although it was characterized by intermittent verbal abuse. He was not physically aggressive towards her at that point. She learned a little more about his background and that he had come from an abusive home. He told her about an incident with his father where his father actually threatened to kill him with a gun. His father was always verbally and sexually abusive towards him.

in September 2004 she was beaten in front of a friend of hers, Carrie [last name redacted for public archive]. She subsequently went to Concordia Hospital where she was treated. In reviewing the medical records of that time, she indicated to the admitting physicians and staff at the emergency that she was hit in the head with a door. He again apologized for his behaviour and the honeymoon period resumed again.

In October 2004 there was another serious incident which necessitated her attending the Concordia Hospital. Her recollection of the incident is that she was with her friend Carrie [last name redacted for public archive], with whom I have spoken and will recount her information in this matter. Her girlfriend, Mr. R [name redacted for public archive] , and she went back to her home. Carrie was actually taking a bath. While she was bathing Mr. R [last name redacted for public archive] hit Ms. P [last name redacted for public archive] because he implied she had hit him. She recalls being understandably extremely frightened. She ran into the bathroom where her friend was taking a bath. He recalls smashing the door down and dragging her friend away, getting up and calling 911. He was apparently walking down the hallway, getting up and calling 911. The bathroom door and the toilet were broken by him. The police came and escorted her to the hospital. The emergency report from the Concordia Hospital dated October 24, 2004 states "thirty year old female assaulted last night by boyfriend, slammed into the wall, stomped on the feet." She was complaining of pain in the right foot and experiencing neck pain. Her x-rays did not show any fractures. Her feet were bruised as documented in the medical records.

I spoke to her friend Carrie [last name redacted for public archive] who indicated she had not seen Ms. P [last name redacted for public archive] for years prior to the assault that occurred in October 2004. She corroborated years of what Ms. P [last name redacted for public archive] told me. She had been taking a bath when the horrible and violent commotion occurred. She heard screaming and heard her friend fly against the wall. She recalls that Mr. R [last name redacted for public archive] snapped. She had seen bruises in the past on Ms. P [last name redacted for public archive] . She recalls that Mr. R [last name redacted for public archive] smashed the door and shut the door. He kicked open the door and broke the frame and smashed her head against the wall and backhanded her and she started screaming and told him to leave. He left. The police were called.

She continued to hide the trauma from her family. She became profoundly depressed and began to experience flashbacks, nightmares of the trauma and intrusive thinking related to the violence. He kept claiming he was upset with what had happened and he did not know why it happened. Again she allowed him back into her life. She became emotionally involved again. She helped him buy a boat and gave him money for a truck as well. There was a period of relative calm once again. Inherent in this was her becoming more profoundly depressed and intrusive thinking began to dictate more her behaviour. He began to increasingly isolate her. She felt she had to resign from her job. She became financially obtaining lines of credit for him on a limb for financially,

obtaining lines of credit for him in her name and she continued to tolerate the verbal abuse and she "felt like nothing."

In May 2005 he disclosed to her he had a previous conviction related to the assault of his wife in 1991.

Part of her ongoing experience was vacillations in her mood, a sense of being depersonalized and marginalized.

On June 30, 2005 she experienced a violent assault which involved calling 911, being attended to by the Winnipeg Police force and being treated at the Concordia Hospital and subsequently incarcerated. The police charged her with being responsible for assaulting Mr. R [name redacted for public archive] .

I reviewed in detail the documentation related to the incident of June 30, 2005. In particular these involved:

1. copies of the photos of the injuries suffered by the complainant
2. a letter dated August 5, 2005 documenting her visit to the emergency room on June 30, 2005 as well as other visits on September 29 and October 24, 2005. These emergency visits occurred at the Concordia Hospital
3. five reports from the constables of the Winnipeg Police force relating to the incident of June 30, 2005
4. a narrative report dated August 1, 2005
5. a statement of Naomi Wall dated August 15, 2005
6. a statement of John Wall dated August 15, 2005.

Essentially Ms. P [last name redacted for public archive] describes a vicious physical assault during which he slapped her, stomped on her feet, slammed her into a night table, attempted to choke and smother her. While on the bed she bit his finger. He let go and she ran outside. Ultimately she contacted her neighbour who called the police. She told the police what happened although it would appear that there was some confusion in terms of her initially relating the narrative of this assault. The statements to the police are well documented as well as documents of statements of her neighbours who endorsed Ms. P [last name redacted for public archive] 's having been assaulted profoundly by Mr. R [name redacted for public archive] .

The triage team at Concordia Hospital on June 30, 2005 documented the following, "at approximately 0030 was assaulted by boyfriend, choked her, patient unsure if she lost consciousness, also bit his hands, swelling to left foot noted. Brought in by Winnipeg Police". To her horror she was subsequently taken to jail where she

experienced a profound sense of degradation, demoralization and victimization. This experience has left an indelible mark on her psychologically as she felt betrayed by the people whom she trusted to protect her.

There was also a letter from the Workmen's Compensation Board documenting her history as reflected by Dr. M. Etkin who diagnosed her as:

1. Post Traumatic Stress Syndrome, chronic
2. possible Major Depressive Disorder – currently in partial remission

She did not have any contact with Mr. R [last name redacted for public archive] for some months in spite of the fact that he called her relentlessly to reconnect. She finally decided to see him again. She felt by reconnecting with him she might encourage him to see other women. She felt this might deflect his need to see her. She only saw him in public places. Sadly, in February 2006 he assaulted her again. I do not have any documentation from the hospital related to this assault. The police subsequently charged Mr. R [name redacted for public archive] . She has had no contact with him since.

Since then she has had an on and off relationship with Mike [last name redacted for public archive]. She lived with him in Thompson, Manitoba for some months in the latter part of 2007. She commuted to Winnipeg to see her therapist and her son approximately every three weeks. She continues to see Mr. Ko [name redacted for public archive] on a regular basis.

After this assault she was not able to return to work and had been off work until early 2008. She felt worthless, was plagued by traumatic flashbacks of the trauma and the memory of the incarceration. She was tortured by the threats that he would kill her mother. She subsequently stopped seeing Mr. R [last name redacted for public archive] for some period of time. She began to see a psychologist, Dr. Schwartzman. She saw her on an ongoing basis. She was initially seen by Dr. Vivian Row, a psychologist who then referred her to Dr. Lisa Schwartzman for treatment. Ms. P [last name redacted for public archive] was initially seen on August 8, 2006 and the diagnosis was Post Traumatic Stress Disorder with secondary depression. She was seen until late 2006 by this therapist.

She returned to Winnipeg in September 2006. Mr. R [last name redacted for public archive] began to call her incessantly. She felt that if she saw him again she could encourage him to seek out other relationships and he would leave her alone. She would not see him in her home but she began to see him publicly for coffee and lunch, etc. She felt that somehow if she saw him it would prevent future assaults. She had felt frustrated with the police and thought there was simply nowhere to turn. She began again to be involved in the web of a woman who had been trapped in a relationship with an abusive man with all the psychological concomitants of this type of relationship.

In February 2006, she was again assaulted by him. This was the last assault and it resulted in Mr. R [last name redacted for public archive] being charged by the Winnipeg Police. The assault happened apparently in the garage which was his workshop where he beat her around the head, threw her against the cabinet and finally let her go. The statement that is documented in the Victim's Crime file is as follows: "He beat me and tortured me for about five hours. I managed to drive myself to the Health Sciences Centre. He broke my tailbone. He strangled me with my shirt in his hands. He twisted off my wrist and he tortured it for I don't know how long. He threw me and dragged me around by my arm."

It is of note that she subsequently had surgery to the traumatized wrist. She has not seen or had any contact with Mr. R [last name redacted for public archive] since that time and his charges. She continues to suffer from symptoms of the Post Traumatic Stress Syndrome and has had an ongoing struggle with depression, anxiety, flashbacks, fears of intimacy and coping. It is only recently she has begun to return to work on a part time basis.

Collateral Information

As indicated I have had communication with several individuals who have knowledge of her relationship with the assailant. There is also other corroborative information which I have cited. In particular I have spoken and received an email from her mother Mrs. Pe [name redacted for public archive] and she indicated that Mr. R [last name redacted for public archive] and her daughter were "having anything but a relationship that was harmonious." She further stated that her daughter was going on behind the scenes because if she knew that was occurring she would have become incensed and gone ballistic. She stated that one day she became aware of the screaming and phone calls from her daughter. She was talking to Mr. R [name redacted for public archive] screaming. It sounded like there was a blood bath going on. I listened for about five minutes as the phone was off the hook while an attack was being made on my daughter. It sounded like bedlam and all hell had broken loose. I jumped in my car and went there. I told him off and I said why don't you hit me. He was too smart and a conniving beast to do that and my blood still boils right now thinking about that.

After that she indicated her daughter told her the truth about the affair. She indicated this was not an isolated incident and the police had been called too many times with no consequence to Mr. R [name redacted for public archive] . She had been at the Winnipeg Police Service and various government agencies trying to obtain justice and that her daughter was a victim, not a criminal and no one would believe her.

I also spoke to her friend Carrie [last name redacted for public archive]. She has not had contact with Ms. P [last name redacted for public archive] for a number of years but she was aware of the abuse. In particular she recalls an incident that occurred in October 2004 when Mr. R [name redacted for public archive] arrived at Ms. P [last name redacted for public archive] 's home. She did not know him very well. Carrie [name redacted for public archive] subsequently asked Ms. P [last name redacted for public archive] if she could have a bath and went to take a bath. Suddenly she heard thuds and screams and Ms. P [last name redacted for public archive] had run into the bathroom screaming. Mr. R [name redacted for public archive] was breaking the door and she heard glass shattering. She was also thrown into the door frame and knocking Ms. P [last name redacted for public archive] on the forehead. She was overwhelmed and frightened she felt. She recalls Mr. R [name redacted for public archive] 's spitting Ms. P [last name redacted for public archive] again, knocking her to the

floor and then he left. The police came shortly afterwards and she went to the hospital with Ms. P [last name redacted for public archive] . She also previously saw the photographs of Ms. P [last name redacted for public archive] 's injuries and also knows about the incident in June 2005 where Ms. P [last name redacted for public archive] fled naked with a blanket to a neighbour's home and also the time when she was tortured by Mr. R [name redacted for public archive] and her wrist was broken in 2006.

It is of note that she subsequently had surgery to the traumatized wrist. She has not seen or had any contact with Mr. R [last name redacted for public archive] since that time and his charges. She continues to suffer from symptoms of the Post Traumatic Stress Syndrome and has had an ongoing struggle with depression, anxiety, flashbacks, fears of intimacy and coping. It is only recently she has begun to return to work on a part time basis.

Collateral Information

As indicated I have had communication with several individuals who have knowledge of her relationship with the assailant. There is also other corroborative information which I have cited. In particular I have spoken and received an email communication from her mother **Mrs. Pe [name redacted for public archive]** . She indicated she was not aware initially that Mr. R [last name redacted for public archive] and her daughter were having anything but a relationship that was harmonious. She further stated that her daughter was concealing the abuse that was going on behind the scenes because if she knew that was occurring she would have become incensed and "gone ballistic". She stated that one day she became aware of the abuse while she was on the phone. "He came after her while she was talking to me. All I heard was Mr. R [name redacted for public archive] swearing and screaming. It sounded like there was a blood bath going on. I listened for about five minutes as the phone was off the hook while an attack was being made on my daughter. It sounded like bedlam and all hell had broken loose. I jumped in my car and went there. I told him off and I said why don't you hit me. He was too smart and a conniving beast to do that and my blood still boils right now thinking about that."

After that she indicated her daughter told her the truth about the affair. She indicated this was not an isolated incident and the police had been called too many times with no consequence to Mr. R [name redacted for public archive] . She further went on to express her anger at the Winnipeg Police. She further stated that she had been to all the various government agencies with her daughter in order to try to obtain justice and that her daughter was a victim, not a criminal and no one would believe her.

I also spoke to her friend **Carrie [last name redacted for public archive]**. She has not had contact with Ms. P [last name redacted for public archive] for a number of years but she was aware of the abuse. In particular she

recalls an incident that occurred in October 2004 when Mr. R [name redacted for public archive] arrived at Ms. P [last name redacted for public archive] 's home. She did not know him very well. Carrie [name redacted for public archive] subsequently asked Ms. P [last name redacted for public archive] if she could have a bath and went to take a bath. Suddenly she heard thuds and screams and Ms. P [last name redacted for public archive] had run into the bathroom and shut the door. Mr. R [name redacted for public archive] kicked in the bathroom door, breaking the door frame and knocking Ms. P [last name redacted for public archive] on the forehead. She was also thrown into the towel rack. She indicated how overwhelmed and frightened she felt. She recalls Mr. R [name redacted for public archive] 's hitting Ms. P [last name redacted for public archive] again, knocking her to the floor and then he left. The police came shortly afterwards and she went to the hospital with Ms. P [last name redacted for public archive] . She also recalled witnessing several other abusive episodes but does not recall the details. She has also seen the photos of Ms. P [last name redacted for public archive] 's injuries. She also knows about the incident in June 2005 where Ms. P [last name redacted for public archive] fled naked with a blanket to a neighbour's home and also the time when she was tortured by Mr. R [name redacted for public archive] and her wrist was broken in 2006.

I also spoke to **Mike [last name redacted for public archive]**, the individual with whom she lived with for a short period in Thompson and with whom she has maintained a close relationship over the last few years. He said he cares for her in an ongoing manner. He described her as very fragile and how she was totally obsessed with the trauma and the brutality that derived from her abusive relationship. Her mood would vacillate and she required a great deal of attention on his part. She would often wake in the night with nightmares, screaming "don't kill me." She was often anxious and preoccupied with memories and scenarios of the abuse. Her mood was certainly morbid at times. He felt she was never suicidal.

I spoke to her son, **Child [name redacted for public archive]** , who lived with his mother until July 2005. He recalls the verbal abuse and the emotionally disturbing relationship with Mr. R [last name redacted for public archive] although he never saw his mother being physically assaulted. He is aware of the many traumatic aspects of the relationship at this time. He presently lives with his father.

There are other individuals with whom I have connected to contact whose names she has given me who are aware of the relationship between her and Mr. R [name redacted for public archive] . I have not been able to contact them but I surmise they would offer valuable collateral information as witnesses if this were to come to court.

Conclusion

In order to offer you this opinion, I have interviewed Ms. P [last name redacted for public archive] on April 11, April 12, April 15 and April 18, 2008. I conducted a comprehensive psychiatric interview and reviewed the documentation that was made available to me through yourself and through Ms. P [last name redacted for public archive] . It is my conclusion that this woman was:

1. not competent to instruct you before February 28, 2008
2. was a victim of the Battered Woman Syndrome
3. is a victim of the Post Traumatic Stress Disorder

Thank you for consulting me in this matter.

Yours truly,

Fred Shane M.D., F.R.C.P.C.
Associate Professor of Psychiatry